

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Alaska

CASE MANAGEMENT SERVICES

A. Target Group: Medicaid-eligible mentally ill children and adults whose illness is severe enough that case management services are determined to be medically necessary and are specified in a written treatment plan which has been approved and signed by a physician or mental health professional clinician.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Family support (for children) and client support (for adults) services coordinate treatment services, facilitate access to appropriate/necessary services, monitor service delivery and progress, and advocate for appropriate services. Limited to treatment plan prescription, but not to exceed 15 hours per month, 180 hours per 12 months. Service must be rendered by a mental health clinical associate or professional clinician, and cannot be a part of any other reimbursable service.

E. Qualification of Providers:

Must be a "Community Mental Health Clinic", which means a program operating under the provisions of AS 47.30.520 -- AS 47.30.620 and headed by a physician, or by a psychologist or a mental health professional clinician under the general direction of a physician.

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F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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